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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/089,446
	Filing Date	December 18, 2002
	First Named Inventor	HARE, Donald S.
	Art Unit	
	Examiner Name	
	Attorney Docket Number	0175-0285PUS1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

In accordance with 37 CFR 10.40(c), subsections (iv) and (vi), practitioner is requesting to withdraw from representation due to client's failure to pay outstanding debit as well as failure to pay a retainer for services as requested.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul Jetter		
Address	RR2, Box 489H		
City	Hawley	State	PA
Country	U.S.A.		
Telephone		Email	
Signature			
Name	Marc S. Weiner	Registration No.	32,181
Date	SEP 23 2008	Telephone No.	(703) 205-8000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.